



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2020

Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 418921

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/28/2014

Formation Locale: ID

Name and Mailing Address:

FAMILY ANDERSON FARMS, LLC
PO BOX 156
DEARY, ID 83823-0156

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

DARIN ANDERSON
916 1ST AVE
DEARY, ID 83823

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

if a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	DARIN E ANDERSON	916 1ST AVE	DEARY IDAHO 83823
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	SHARON ANDERSON	605 INDIAN HILLS DR	MOSCOW IDAHO 83841
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PAULA KNARSTAD	3504 SOUTH TACOMA	KENNEWICK WA 99337
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	TAMI OCHOA	510 SOUTH TAFT	KENNEWICK WA 99336
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Darin E. Anderson

(6) Date: 4-28-2020

(7) Type/Print Name: DARIN E ANDERSON

(8) Title: MGR

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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